Mid North Coast Local Health District

Tobacco Cessation Strategy

2012-2017

NSW GOVERNMENT Health
Mid North Coast Local Health District
Quality and Excellence in Regional Healthcare

Mid North Coast Local Health District
Health Promotion
Locked Bag 812
Coffs Harbour NSW 2450

For more copies contact:
Health Promotion
Phone: (02) 6648 7222
Fax: (02) 6648 7227
Email: ros.tokley@ncahs.health.nsw.gov.au

30th October 2012

ACKNOWLEDGEMENTS:

The Mid North Coast Local Health District acknowledges the traditional custodians of the land on which the organisation operates and this Strategy covers the people of Gumbayinggirr, Daingatti, Biripi and Nganyaywana Nations.

Special acknowledgements are due to many people for their input in the development process of the Strategy. This was made possible through initial conversations, discussions, presentations, exchange of information and expertise, and participation in the pilot and online survey.

The Ngayundi Aboriginal Health Council and Executive
(Former) North Coast AHS Aboriginal Health Management Committee
Many Rivers Aboriginal Medical Services Alliance
(Former) North Coast AHS Aboriginal Health Workers Forum
North Coast Computer Project (TAFE)
(Former) NCAHS staff members
North Coast Tobacco Action Listserv members
Northern Rivers Social Development Council

It is important to note that the term Aboriginal that is used in this document refers to Aboriginal and Torres Strait Islander peoples.

ACRONYMS AND ABBREVIATIONS USED IN THIS DOCUMENT:

AASCP	Australian Association of Smoking Cessation Professionals
ACWA	Association of Children's Welfare Agencies
AH	Aboriginal Health
AMIHS	Aboriginal Maternal and Infant Health Strategy
AMS	Aboriginal Medical Service
ASH	Action on Smoking and Health
AHW	Aboriginal Health Worker
BQSP	Bugalwena Quit Smoking Program
CI	Cancer Institute
CGMNDI	Clinical Guideline for the Management of Nicotine Dependent Inpatients
COAG	Council of Australian Governments
CTG	Close the Gap
DET	Department of Education and Training
ETS	Environmental Tobacco Smoke
GSTF	Give Smokes the Flick
MNCLHD HP	Health Promotion Team (in Aboriginal Health and Primary Partnerships)
HREC	Human Research Ethics Committee
HTGSFGW	"How to Go Smoke Free Guide for Workplaces"
MHCC	Mental Health Coordinating Council
MNCLHD	Mid North Coast Local Health District
MNCDGP	Mid North Coast Division of General Practice
MoH	Ministry of Health
NAIDOC	National Aborigines' and Islanders' Day Observance Committee
NCAHS	North Coast Area Health Service
NCML	North Coast Medicare Local
NNSWLHD	Northern NSW LHD
NRT	Nicotine Replacement Therapy
NSW CC	NSW Cancer Council
QFNL	Quit for New Life
SF	Smoke Free
SFB	Smoke Free Beginnings
SFHC	Smoke Free Health Care
SFPS	Smoke Free Pregnancy Strategy
SFPSWG	Smoke Free Pregnancy Strategy Working Group
TobNet	Tobacco Network
UCRH	University Centre for Rural Health
WFD	Workforce Development
WNTD	World No Tobacco Day

TABLE OF CONTENTS **PAGE**

Executive Summary

This document outlines the strategies that the Mid North Coast Local Health District (MNCLHD) will be undertaking in the next five years to help reduce smoking rates in the community. It includes information on smoking prevalence, the burden of tobacco on communities, findings from extensive consultation and an online survey, key issues identified, and suggested actions to address these. Current and on-going tobacco initiatives from the former NCAHS Smoke Free Pregnancy Strategy are incorporated.

The strategies and actions in this document are aimed at the whole of population although a significant portion is focused on work that needs to be done to close the gap in smoking rates between Aboriginal and non-Aboriginal people.

The Strategy Priority Areas reflect action areas of the NSW Tobacco Strategy 2012-2017. The NSW Tobacco Strategy highlights work that needs to be done in targeted populations such as pregnant women, Aboriginal communities, mental health clients, people in correctional facilities, and people from disadvantaged groups. It is paramount that the Mid North Coast Local Health District Tobacco Strategy supports this work and serves as the cornerstone of localised initiatives.

The priority areas this document covers include smoke free pregnancy, workforce development, Aboriginal communities, second -hand smoke, young people, public education and other community smoking cessation opportunities, systems and resources.

The major findings from the consultations and the online survey are as follows:

- Need for key stakeholders to work better and collaboratively on smoking cessation in the community
- Engaging all sectors of the community in smoking cessation
- Quitline and educational materials need to be more culturally-appropriate
- Importance of utilising community leaders (preferably ex-smokers) in the diffusion of smoking messages in the community
- Smoking in the community is seen to be a bigger problem than among staff
- There was less confidence in the ability to address the issue of smoking in the community than in the confidence to address it among staff
- Need for training and education of health and community workers on smoking cessation
- There is insufficient collection of smoking status of clients
- Support and information for staff who smoke is available
- Need for free or subsidised Nicotine Replacement Therapy (NRT)
- Directory of smoking cessation programs is the preferred information dissemination method
- Need for community ownership of tobacco programs
- Need to address other socio cultural, psychological issues that serve as barriers to quitting
- There are opportunities for the development of organisational smoke free policies

1. Introduction and background

The Mid North Coast Local Health District comprises of five local government areas including Coffs Harbour, Bellingen, Nambucca, Kempsey and Port Macquarie-Hastings with a combined total estimated population of 207, 242 (ABS 2011) covering an area of approximately 11,335 square kilometres. The biggest growth from 2006-2011 has been in Port Macquarie experiencing 1.6% p.a. growth followed by Coffs Harbour of 1.5% p.a. growth, which compares with a NSW rate of 1.4% for the five years (RDA, 2012).

The burden of tobacco

Tobacco remains the single most preventable risk factor for chronic diseases and premature death in Australia. The literature is replete with evidence on the adverse effects of smoking on health including cardiovascular disease, many types of cancers, chronic obstructive pulmonary disease, coronary heart disease, stroke, and respiratory diseases. Smoking is also attributed to sudden infant death syndrome (SIDS) and low birth weight (US Dept of Health and Human Services in NSW Health, 2012). Evidence is building on the health risks of second hand tobacco smoke, particularly when inhaled indoors (NSW Health, 2012).

In NSW, 5,200 deaths and over 44,000 hospitalisations each year are attributed to smoking. In 2006-2007, the social cost of smoking was estimated at $8.4 billion with tangible costs of $2.9 billion. Real social costs of smoking have been declining since 1998/99, hence a decline in mortality attributed to smoking (Collins and Lapsley in NSW Health, 2012) but rates are still alarmingly high particularly in disadvantaged

populations, low socio-economic groups, Aboriginal people and other specific groups (NSW Health, 2012).

Prevalence of tobacco in the community

In NSW in 2010, 15.8% in adults aged 16 years and over were current smokers. The smoking rate is higher among males across all ages, 18% compared to 13.5% in females. Smoking rates are more prevalent in the 25-34 years cohort and lowest in the older age groups (Centre for Epidemiology and Research, 2012). Smoking rates have seen a steady decline since 1997 when 24% of the adult population in NSW were smokers but there is still a lot of work to be done.

Almost 1 out of every 5 (19.8%) adults aged 16 years and over in the fifth quintile or the most disadvantaged group reported to be current smokers in 2010 compared to only 12% in the highest quintile or least disadvantaged.

Aboriginal people are twice as likely to smoke as non-Aboriginal people. In 2008, 47% of Indigenous Australians reported being current smokers, a reduction of 4% since 2002. Figures for NSW from 2006-2009 revealed that 33.9% of Aboriginal adults aged 16 years and over reported being current smokers. There were slightly more women who reported being smokers (34.2% of women compared to 33.5% of men) (Centre for Epidemiology and Research, 2010).

In the Mid North Coast, 14.4% of adults aged 16 years and over were still smoking in 2010. Among Aboriginal people living in the Mid North Coast, smoking attributable hospitalisations have been on the increase from 2007(Centre for Epidemiology and Research, 2012).

From 2006 to 2008, smoking in pregnant women in the Mid North Coast was higher (26%) than the national rate (15%) and double the state average (13%). Kempsey recorded the highest incidence (38%) of smoking during pregnancy (Regional Development Australia, 2012).

Tobacco interventions that work in the community

This Strategy is underpinned by best practice information on effective smoking cessation interventions. Ivers (2011) outlined these anti-tobacco strategies that work, including: 1) health professionals providing brief advice on quitting methods including NRT, 2) training of health professionals to deliver advice, 3) quit groups, and 4) multi-faceted programs.

Other interventions, according to Ivers (2011) that have been proven to work in the general Australian population but lack evidence in improving quit rates in Indigenous communities include: 1) brief interventions from health professionals, 2) varenicline ('champix') and bupropion ('zyban'), 3) interventions for pregnant women, 4) specialist tobacco workers, 5) quitlines, 6) cessation programs based in hospitals, 7) media campaigns, and 8) price increases and taxation.

There has been a dearth of rigorous evaluation information on smoking cessation programs in Aboriginal communities. Programs that have shown limited, albeit promising, success in Aboriginal communities include culturally appropriate visual, easy to read health promotion materials that include pictures, tobacco programs and campaigns that are based locally and designed specifically for them, include local content and involve Elders and significant community members (Ivers,2011). Interventions that are more likely to increase quit rates in Aboriginal and Torres Strait Islander people consist of the provision of NRT, individual and face to face counselling, and the training of Aboriginal Health Workers who provide quit support (Powers, 2009 and Lindorff, 2002).

Other initiatives which also apply to Aboriginal and Torres Strait Islander people as for the wider community and have been proven to be effective in reducing the incidence of smoking, are legislation and policy on smoke free public places and public transport and preventing sales to minors (Ivers, 2011).

2. Tobacco Cessation Strategy

2.1 What this Strategy document is about

This Strategy document is the culmination of more than eighteen (18) months of work. The work encompasses a collaborative workshop between Aboriginal Health and Health Promotion, face to face community consultations, conversations, and an extensive survey with relevant stakeholders and the community including staff from both Northern NSW (NNSW) and Mid North Coast Local Health Districts. The consultations that occurred focused on Aboriginal smoking cessation in both LHDs. Information collected through these processes informed the development of this Strategy document.

The strategies and actions in this document are aimed at the whole of population although a significant portion is focused on work that needs to be done to close the gap in smoking rates between non-Aboriginal and Aboriginal people.

2.1.1 How the Strategy came about

The 2008-2013 NCAHS Smoke Free Pregnancy Strategy was developed to address smoking in pregnancy by targeting women before, during, and after pregnancy in a variety of settings (NCAHS, 2008). This Tobacco Cessation Strategy is a fusion of the Smoke Free Pregnancy Strategy and other significant projects that need to be completed as part of the work. The SFPS is incorporated within the Tobacco Strategy.

The Council of Australian Governments' (COAG) "*Close the Gap*" Federal initiative in 2008 provided the stimulus to work with key stakeholders in the community and the health arena on smoking cessation. The "*Close the Gap*" campaign was launched nationwide in April 2007 in response to the call to close the gap between the health and life expectancy of Aboriginal people and non-Aboriginal people.

The disparity in life expectancy between Aboriginal and non-Aboriginal people is currently estimated to be between 11.5 years for males and 9.7 years in females. Chronic diseases attributed to poor lifestyle-related risk factors particularly smoking, largely contributes to this disparity. Tackling smoking prevalence in Aboriginal communities was found to be imperative in the reduction of the gap in health status (Australian Government, 2011).

This Strategy was developed on the principles underpinning the “Close the Gap” initiatives. Face to face conversations were initially conducted to start the consultation process to identify what needed to be done and how it could be done.

This Strategy will facilitate evidence based strategic direction with timely interventions across the North Coast to reduce smoking rates in the Aboriginal population. Extensive consultations were undertaken with representatives from Aboriginal Medical Services (AMSs), Local Health District Aboriginal Health staff and staff of the former North Coast Area Health Service (NCAHS).

Key issues that arose from the consultations informed the content of an Aboriginal Smoking Cessation Survey. The aims of the online survey were to determine the number and extent of current smoking cessation practices and programs across the Northern NSW and Mid North Coast LHDs and to identify issues, enablers and barriers to quitting smoking in Aboriginal communities. The pilot survey questions were taken from community discussions and conversations. The findings from that pilot, which could be found in Appendix A then informed the development of the final survey questions.

2.1.2 What has influenced the Strategy?

The recently released NSW Tobacco Strategy 2012-2017 by the NSW Ministry of Health highlighted the issues on tobacco smoking in targeted populations such as Aboriginal communities, pregnant women, mental health clients, and people in correctional facilities. A significant issue that the NSW Health Strategy focuses on is the higher prevalence of smoking in disadvantaged groups in the community; including Aboriginal people (NSW Ministry of Health, 2012). Other vital components of the NSW Tobacco Strategy include smoke free outdoors initiatives and programs that help smokers quit (NSW Ministry of Health, 2012).

The Mid North Coast Local Health District Tobacco Cessation Strategy is largely influenced by the NSW Health Strategy. It demonstrates consistency with the State population-health initiatives and priority areas. The LHD strategy takes into account smoking cessation programs that are occurring within and external to the LHDs.

2.1.3 The Survey

2.1.3.1 Brief Background-Ethics

Following the face to face consultations and the pilot focus group discussions an Aboriginal Smoking Cessation (ASC) area-wide online survey was developed for completion by staff and stakeholders. The aim of the online survey was to reach as many staff who worked with Aboriginal clients as possible in the most cost effective way. This activity was deemed to be a Low and Negligible Risk (HREC Number: LNR 005) activity by the former NCAHS Human Research Ethics Committee. Identification of respondents was to remain anonymous except in the case of voluntary nomination to participate in the proposed Aboriginal Tobacco Cessation Steering Committee. The role of the Steering Committee will be to contribute to and provide advice on the implementation of this Strategy.

As part of the approval process, authorisation to disseminate to all of staff within the former NCAHS and to external stakeholders was sought and received from the then Network Managers in the Tweed-Byron, Richmond, Coffs-Clarence, and Hastings-Macleay Networks. An Aboriginal Health Impact Assessment was completed before the survey commenced.

2.1.3.2 Key findings from survey

The key findings presented in Appendix B reflects the combined NNSW and MNC data. The survey ran online for four weeks in 2011. A total of 68 responses from staff of the NNSW and MNCLHDs were received. Respondents to the survey were many and varied from differing positions within both LHDs. A large proportion of respondents were nurses. It is noteworthy to mention that Aboriginal Health Workers are only a small proportion of the overall health staff composition but a significant proportion of this group responded to the survey (22% of total respondents).

A total of 30 responses were received from external organisations who were also sent the weblink to the online survey. A variety of organisations and staff responded to the survey including former General Practice networks (now part of North Coast Medicare Local), local government, Aboriginal Medical Services, TAFE, other non-government and government organisations.

2.1.3.3 Suggested Actions from Online Aboriginal Smoking Cessation Survey – a summary

- Education and training of health staff, community workers and the community in general on smoking cessation
- Raising profile and distribution of Quitline fax referral
- Feedback to Quitline on outcomes of survey
- Smokefree policies from other organisations-review of policies

- Development of a Directory of services and training options-to be made available in hard copy and electronically
- Collection of data on smoking status at clinical settings
- Build capacity of other organisations to provide cessation support
- Leaders from Aboriginal communities engaged, trained and supported to advocate for cessation (MUST be successful quitters)

3. Current MNCLHD as well as collaborative Smoking Cessation programs with NNSW LHD

3.1 Smoke Free Pregnancy Strategy (SFPS) 2008-2013- This Strategy document was written in 2008 by the former North Coast Health Promotion to guide the development of strategies and initiatives in the North Coast aimed at addressing smoking in pregnancy by targeting women and their partners before, during and after pregnancy. In 2005, it was found that smoking rates in pregnant women in the North Coast was 10% higher than the State average. Consultations were conducted with health workers and stakeholders and the outcomes informed the Strategy. Essential components of the Strategy include the mandatory training on smoking cessation of parent educators and staff working in maternity and child and family health services, the development of smoking cessation interventions for antenatal/ parent education classes, and the evaluation of these interventions (NCAHS, 2008).

3.2 Smoke Free Beginnings Research Study– The aim of the research study is to determine the effectiveness of smoking cessation brief interventions conducted by trained midwives during antenatal booking. Midwives are trained on smoking cessation brief intervention. Baseline data is collected at the booking stage, 6 weeks after birth of the baby and again a year after. The surveys commenced in 2009 and the research study, including call backs, and write up of report, is expected to be completed in December 2013.

3.3 Smoke Free Pregnancy eLearning – This is an online learning package available on Moodle developed by the Mid North Coast LHD Health Promotion in collaboration with the Smoke Free Pregnancy Strategy Working Group to sustain the face- to- face training program that was run across the 2 LHDs from 2009-2011. The training program is mandatory for staff working in maternity and child and family health services. It is also freely available for external partners to complete via the NSW Health Moodle system. It aims to increase the knowledge on smoking cessation among health service staff working with pregnant women and their partners

3.4 Give Smokes The Flick: It really makes cents- This is a tool that was developed in 2009 by the former North Coast Health Promotion team in partnership with the Agency of Community Services (formerly known as Department of Community Services or DoCS), Child and Family Health, Aboriginal Maternal Infant Health Service, Aboriginal Medical Services, and Early Childhood and

Family Support Services. It focuses on the economic benefits of quitting. It contains play money, NRT samples and photo cards which illustrate a variety of household and personal items that can be bought with money saved after quitting . This tool is used as an educational and brief intervention tool by health and community workers who work with pregnant Aboriginal women who smoke. An evaluation of this tool was shown to be effective with the target group (Hughes, 2011). Training of workers in both LHDs on the use of this tool is an essential component of the program.

3.5 Bugalwena Quit Smoking Program (BQSP)- This is an Aboriginal evidence-based tobacco cessation program run over 9 consecutive weeks. The program includes a compulsory information day, 8 weekly interviews, and weekly supply of combination NRT, weekly evaluations and data collection. A nicotine management plan is developed with participants at week 9. All participants are contacted 6 months post program to identify if they have relapsed or remain non-smokers.

3.6 Local Government Smoke Free Outdoor Policies- Since 2009, Health Promotion and Cancer Council have partnered to support the development and implementation of smoke free outdoor policies in local government in both LHDs. Small grant opportunities will continue to be provided by MNCLHD to local government in the Mid North Coast area in 2012 and beyond. As part of the 2012 funding guidelines, recipients of small grants are expected to comply with the provisions outlined in the NSW Government Bill on Smoke Free Outdoors that will be debated at Parliament in the 2012 Spring Session. Areas that will be legislated to be smoke free include playgrounds, public sports grounds, swimming pools, public transport stops, entrances to public buildings and from 2015, commercial outdoor dining areas.

The outcomes from the program will inform the Heart Foundation yearly audit of NSW Councils that have adopted and implemented smoke free policies (Heart Foundation, 2011).

3.7 Mission Australia- Mission Australia provides a residential program for young people 13 to 18 years of age. These young people are often transferred from Juvenile Justice Service to attend a 12 week rehabilitation program. Forty eight per cent of these young people are Aboriginal. The Coffs Harbour Service collaborated with Health Promotion and Cancer Council to open their service smoke free in May 2011. Training and support was also provided by the North Coast Medical Local (formerly Mid North Coast Division of General Practice) through the “No Smokes North Coast Program” and NSW Health Quit Trainer, Tracey Greenberg. This is the first Mission Australia Service to go smoke free for both clients and staff. To quote the Manager, “…*a life changing experience for all concerned.”*

This program was the recipient of the 2012 MNCLHD Quality Award under the ‘Collaborative Partnerships’ Category.

3.8 Smokecheck Brief Intervention Training -Smokecheck NSW ran workshops on smoking cessation brief intervention across NSW, including the NNSW and

MNCLHDs from 2007 to 2011. Over 1000 Local Health District staff, Aboriginal Medical Services staff and other community workers in NSW who deliver health and other services to Aboriginal clients have been trained. The aim of the workshops was to increase the skills and confidence of health workers in talking to Aboriginal clients about smoking using brief intervention and motivational interviewing methods. Participants are also trained in the use of culturally specific resources that were developed to assist in the delivery of smoking cessation brief intervention to Aboriginal people. Smokecheck has trained 186 workers from both Health and the community in the Northern and Mid North Coast Local Health Districts since 2007.

3.9 Quit for New Life (QFNL)- This is a Ministry of Health initiative targeting Aboriginal pregnant mothers, pregnant partners of Aboriginal men, their families and support networks. QFNL is a partnership with Aboriginal Maternal Infant Health Strategy, Health Promotion, Drug and Alcohol Services, and Maternity Services, that will build the capacity for cessation support through AMIHS programs.

4. Strategy Priority Areas

Priority Area 1: Smoke Free Pregnancy

1. Quit for New Life (Reference to Aboriginal communities)

Actions	Responsibility	Timeframe Year 1	2	3	4	5	Measurement
1.1 When requested by MoH develop proposal to secure funding for the implementation of QFNL between MNCLHD HP and AMIHS	AMIHS MNCLHD HP	√	√				1.1 Application completed and submitted 1.2 Recurrent funding secured
1.2 Support AMIHS in the implementation of local strategies where appropriate	MNCLHD HP		√	√	√	√	1.2.1 Working Group established 1.2.2 MNCLHD HP participation in development and implementation across LHD
1.3 Participate in the evaluation of QFNL in the LHDs	AMIHS MNCLHD HP MOH		√	√	√	√	1.3.1 MNCLHD HP member of Evaluation Working Group

2. Smoke-free Beginnings Research

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
2.1Conduct survey to compare baseline data with post-intervention data to evaluate effect of Mandatory Training intervention	Maternity Service Providers in both LHDs -		√				2.1.1 Survey completed and 60% response rate achieved

	MNCLHD & NNSWLHD HP						
2.2 Analysis of SFB data	MNCLHD & NNSWLHD HP		√				2.2.1 Analysis of SFB data completed
2.3 Write Project report and publication of research report	MNCLHD & NNSWLHD HP		√	√			2.3.1 Project report written 2.3.2 Research study published

3. Smoke Free Pregnancy Strategy (Relapse Prevention)

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
3.1 Develop scoping document for project	MNCLHD HP in consultation with the representative Working Group	√					3.1.1 Scoping paper completed
3.2 Establish Working Group (Membership across both LHD's)	MNCLHD & NNSWLHD HP	√					3.2.1 Working group established and progressing project
3.3 Develop project plan for implementation and evaluation	MNCLHD HP in consultation	√	√ √				3.3.1 Plan developed 3.3.2 Strategies implemented 3.3.3 Evaluation of strategies undertaken
3.4 Implementation of project plan and evaluation		√	√ √				3.4.1 Project plan implemented 3.4.2 Project evaluated 3.4.3 Number of postnatal women who remain smoke free 3.4.4 Number of women who quit before or after pregnancy

Priority Area 2: Workforce Development

1. Smoke Free Pregnancy eLearning

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
1.1 Promote, implement and evaluate SFP eLearning training package within LHDs and with external partners	MNCLHD & NNSWLHD HP and SFPSWG WFD L&D Unit	√	√	√	√	√	1.1.1 Pilot completed 1.1.2 eLearning Moodle launched 1.1.3 eLearning Moodle operational 1.1.4 Number of internal and external participants completing eLearning course 1.1.5 Pre and post data analysis undertaken

2. Research and Evaluation

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
2.1 Encourage and promote a culture of research and evaluation and data collection in smoking cessation programs by LHD departments and partner organisations	MNCLHD HP AH AMSs	√	√	√	√	√	2.1.1 Number of partner organisations with research and evaluation strategies and mechanisms built-in as part of their smoking cessation programs
2.2 Provide advice and support of LHD departments and partner organisations on the integration of research and evaluation in smoking cessation programs		√	√	√	√	√	2.2.1 Advice and support of LHD departments and partner organisations provided for the integration of research and evaluation in smoking cessation programs
2.3 Identify and collaborate with training provider on research and evaluation in smoking cessation			√	√	√	√	2.3.1 Training provider identified and outcomes of training documented
2.4 Implement training of health and community workers on research and							2.4.1 Number of participants at training sessions and workplaces of participants

evaluation in smoking cessation							2.4.2 Pre and post (12 months) knowledge and skills levels and application of knowledge and skills

3. Traineeships/ Student Placement/Secondment/Mentoring/ Training

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
3.1 Develop a workforce development strategy which includes the opportunity for secondment, traineeships, mentoring and student placements	MNCLHD HP WFD		√ √ √	 √ √	 √ √	 √ √	3.1.1 Working group developed 3.1.2 Workforce Strategy scoping paper developed 3.1.3 Workforce strategy implemented 3.1.4 Workforce strategy evaluated
3.2 Collaborate with Training Providers regarding future training opportunities on smoking cessation	MNCLHD HP in consultation with training providers	√	√	√	√	√	3.2.1 Training opportunities on smoking cessation identified 3.2.2 Number of training programs promoted and implemented 3.2.3 Number of participants and workplaces represented 3.2.4 Number and positions of LHD staff attending training activities 3.2.5 Training outcomes (knowledge and skills and application of knowledge and skills)
3.3 Support Aboriginal Health Workers in their participation in training activities	MNCLHD HP	√	√	√	√	√	3.3.1 Number of AHWs supported to participate in training activities 3.3.2 Application of skills and knowledge
3.4 Collaborate with AH and AMSs for the identification of community mentors/ leaders on smoking cessation (ex-smokers) 3.5 Support the training of identified	MNCLHD HP in collaboration with: AH, AMSs,	√	√	√	√	√	3.4.1 Number of community mentors/ leaders trained in smoking cessation and how skills and knowledge are applied 3.5.1 Number of community leaders trained

community leaders in smoking cessation	AMIHS						in smoking cessation 3.5.2 Smoking Cessation programs and activities trained community leaders are involved in
3.6 Development of documentation to support smoking cessation mentoring processes for AHWs, community leaders and trainees	MNCLHD HP	√	√				3.6.1 Mentoring document developed

4. Engagement of volunteers

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
4.1 Identify opportunities for the engagement and support of volunteers in smoking cessation activities and projects	MNCLHD HP in partnership with Cancer Council WFD		√	√	√	√	4.1.1 Working group developed to explore option for volunteer smoking cessation activities
4.2 Provide training opportunities for volunteers in smoking cessation	MNCLHD HP in partnership with Cancer Council WFD		√	√	√	√	4.2.1 At least two training sessions provided annually to volunteer smoking cessation officers
4.3 Involve volunteers in smoking cessation activities	MNCLHD HP in partnership with Cancer Council, WFD		√	√	√	√	4.3.1 At least 5 cessation activities undertaken per year with volunteers

Priority Area 3: Aboriginal Communities

1. Roll-out of Aboriginal evidence-based cessation program

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
1.1 Source funding to roll-out Aboriginal evidence-based cessation programs in the LHD	MNCLHD MNCLHD HP in collaboration with: AH AMS, AMIHS	√	√				1.1.1 At least two funding options explored 1.1.2 Funding secured
1.2 Promote cessation programs with community organisational and key stakeholders	MNCLHD HP in collaboration with: AH AMS AMIHS	√	√	√	√	√	1.2.1 Extent and scope of promotional activities undertaken to promote evidence-based smoking cessation programs in the community 1.2.2 Number of organisations and key stakeholders participating in training sessions
1.3 Support the implementation of best-practice cessation programs in the community	MNCLHD HP in collaboration with: AH AMS		√	√	√	√	1.3.1 Number of stakeholders running best practice cessation programs in the community 1.3.2 Number of quitters, number of participants who reduced their intake, number of relapses, number who re-enrolled for cessation programs, number who ring Quitline, costs

2. Enhanced Aboriginal Quitline

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
2.1 Participate in the state-wide discussions for the development of an Aboriginal culturally sensitive Quitline	MNCLHD HP	√	√				2.1.1 Attend Enhanced Aboriginal Quitline workshop 2.1.2 Contribute feedback in the development of the documentation
2.2 Implement and adopt strategies identified to local needs.	MNCLHD HP		√	√	√	√	2.2.1 Strategies adopted (and listed) to local needs and implemented
2.3 Monitor uptake of MNC Aboriginal population utilising Quitline NSW							2.3.1 Percentage of referrals to Quitline from Aboriginal people

3. Aboriginal Partnerships

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
3.1 Identify opportunities in the community for partnerships in smoking cessation	MNCLHD HP AH AMS	√ √	√ √	√ √	√ √	√ √	3.1.1 Number of community organisations involved in partnerships with MNCLHD HP on smoking cessation 3.1.2 Service Agreements and/or Memoranda of Understanding developed with at least 2 AMSs
3.2 Determine recipients of CTG funding within LHD and liaise with these organisations to support cessation initiatives	MNCLHD HP AH AMS	√ √	√ √	 √	 √	 √	3.2.1 Recipients identified 3.2.2 MNCLHD HP partnerships developed with recipients
3.3 Develop partnership agreements for the implementation of smoking cessation programs	MNCLHD HP and partner organisations	√	√				3.3.1 Service partnership agreements developed and endorsed by all parties
3.4 Smoking cessation activities developed,	MNCLHD HP	√	√	√	√	√	3.4.1 Number of smoking cessation activities

implemented and evaluated	Partner organisations	√	√	√	√	√	developed, implemented 3.4.2 Evaluation undertaken
3.5 Collaborative write up of evaluation reports on smoking cessation activities	MNCLHD HP Partner organisations	√	√	√	√	√	3.5.1 Evaluation reports completed in collaboration with partners
3.6 Collaborative presentation of paper/ reports at conferences	MNCLHD HP Partner orgs.			√	√	√	3.6.1 A minimum of two Paper/ reports presented collaboratively at conferences

4. Mull Hypothesis Research Study

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
4.1Stage 1: Investigate establishment of Aboriginal specific cessation Quit Smoking Program	NNSW and MNCLHD MNCLHD HP, UCRH		√	√	√		4.1.1 Aboriginal specific cessation Quit Smoking program identified and implemented
4.2 Provide funding to UCRH to support development and submission of paper for publication	MNCLHD HP		√	√			4.2.1 Participation in write-up of paper 4.2.2 Paper published
4.3 Mull Hypothesis findings from 2010/11 to be incorporated into cessation programs (mixing tobacco and cannabis)	MNCLHD HP	√	√	√	√	√	4.3.1 Inclusion of cannabis in smoking assessment in at least one program
4.4 Identify funding to support programs	MNCLHD HP and AH	√	√				4.4.1 Rationale developed for an evidence based intervention

Priority Area 4: Second Hand Smoke

1. Smoke Free Health Care

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
1.1 Advocate for compliance to SFHC Policy	CE MNCLHD HP Exec	√ √	√ √	√ √	√ √	√ √	1.1.1 Raise awareness of SFHC policy amongst all staff through email distribution twice per year 1.1.2 Provide at least two workshops for management /staff on SFHC policy and compliance
1.2 Maintain SFHC Policy (NC-AREA-POL-106-05) and MNCLHD Procedure for Non-compliant Staff	MNCLHD HP	√ √	√ √	√ √	√ √	√ √	1.2.1 SFHC policy regularly reviewed, updated and on intranet 1.2.2 MNCLHD Procedure for Non-compliant Staff reviewed and on intranet
1.3 Update resources on SFHC and website annually	MNCLHD HP IT	√	√	√	√	√	1.3.1 Content reviewed, endorsed and on the intranet 1.3.2 Website reviewed and updated

2. Smoke Free Outdoors

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
2.1 In partnership with Cancer Council MNC Regional Office, support MNC Local Governments to develop and implement SF policies	MNCLHD HP Cancer Council	√	√				2.1.1 MNCLHD HP involved in discussions with Cancer Council and councils on SFOA legislation 2.1.2 Number of councils with smoke free policies

2.2 Support LGAs by facilitating Small Grants Program	Cancer Council	√		√	√	√	2.2.1 Small grants disseminated to 5 councils and acquitted in a timely manner

3. Otitis Media Prevention Campaign (focus on Environmental Tobacco Strategy (ETS))

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
3.1 Participate in the planning and support of MNCLHD Otitis Media prevention strategies (a focus on ETS) per Aboriginal Ear Health Program Guidelines 2011-2015	AH MNCLHD HP		√	√	√	√	3.1.1 Involved in the planning and support of MNCLHD Otitis Media prevention strategies (a focus on ETS) per Aboriginal Ear Health Program Guidelines 2011-2015
3.2 Identify opportunities for collaboration with key partners on the implementation of MNCLHD strategies (a focus on ETS)	AH MNCLHD HP		√	√	√	√	3.2.12 Opportunities identified for collaboration with key partners on the implementation of MNCLHD strategies (a focus on ETS) 3.2.13 Collaborative projects initiated and completed

4. External Organisation/s Smoke Free Policies

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
4.1Develop criteria for assessment of smoke free policies	MNCLHD HP External Organisations		√				4.2.1 Criteria for review developed and checklist created
4.2 Review existing policies in relation to ASC survey	MNCLHD HP External Organisations	√	√	√	√	√	4.1.1 External organisations contacted and policies assessed 4.1.2 Number of organisations who have developed and are implementing smoke free policies

4.3 Raise the profile of organisations, in particular those that work with Aboriginal people and/or their communities, with smoke free policies	MNCLHD HP External Organisations		√ √	√ √	√ √	√ √	4.3.1 Promotional material created to highlight external smoke free policies 4.3.2 Promotion undertaken on at least three occasions of external organisations who have SF policies
4.4 Collaborate with workplaces in the development of smoke free policies (ensure links to Healthy Workforce Initiative under the National Preventative Partnership)	MNCLHD HP External Organisations		√	√ √ √	√ √ √	√ √ √	4.4.1 'How To Go Smoke Free Guide for Workplaces' (HTGSFGW) document updated 4.4.2 Number of organisations receiving updated HTGSFGW document 4.4.3 Partnerships with at least three external organisations undertaken to develop and implement SF policies
4.5 Support organisations that demonstrate commitment to the development of organisational smoke free policies (e.g. Mission Australia)	MNCLHD HP External Organisations	√	√	√	√	√	4.5.1 Continued participation and support provided to at least three organisations who commit to SF policies

Priority Area 5: Other Smoking Cessation Opportunities and Public Education

1. Cancer Institute

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
1.1 Promote Cancer Institute funding grants for smoking cessation with local organisations	CI MNCLHD HP	√	√	√	√	√	1.1.1 Cancer institute funding opportunities circulated to all Networks
1.2 Identify opportunities for collaboration for funding grants	CI MNCLHD HP	√	√	√	√	√	1.2.1 At least two collaborative funding opportunities identified 1.2.2 At least one collaborative funded project undertaken

2. Opportunistic community events

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
2.1 Participate in the planning and implementation of community events such as NAIDOC and Close the Gap Day to promote smoking cessation	AH MNCLHD HP Key partners	√ √ √	√ √ √	√ √ √	√ √ √	√ √ √	2.1.1 MNCLHD HP involved in the planning committees for NAIDOC, CTG events locally 2.1.2 Tobacco Cessation advice and Smokerlyzer testing undertaken at all NAIDOC, CTG events locally 2.1.3 Referral for Aboriginal Smokers provided at all local NAIDOC, CTG events

3. Public education

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
3.1 Participate in the planning and implementation of community events such as NAIDOC and Close the Gap Day to promote smoking cessation	AH MNCLHD HP Key partners	√ √ √	√ √ √	√ √ √	√ √ √	√ √ √	3.1.1 MNCLHD HP involved in the planning committees for NAIDOC, CTG events locally 3.1.2 Tobacco Cessation advice and Smokerlyzer testing undertaken at all NAIDOC, CTG events locally 3.1.3 Referral for Aboriginal Smokers provided at all local NAIDOC, CTG events
3.2 Promote smoking cessation on World No Tobacco Day	MNCLHD HP	√ √	√ √	√ √	√ √	√ √	3.2.1 Number of media articles written by MNCLHD HP and published for WNTD 3.2.2 Number of media articles published on WNTD by partners but facilitated by MNCLHD HP 3.2. LHD activities undertaken as part of WNTD; how WNTD $$ are used

3.3 Reinvigorate Tobacco component on the Internet and Intranet	MNCLHD HP	√		√		√	3.3.1 Websites and resources updated

Priority Area 6: Young People

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
1.1 Investigate best practice information and strategies on smoking cessation for educational settings including Cancer Institute and AHMRC social marketing strategies	MNCLHD HP		√				1.1.1 Best practice information and strategies documented, and disseminated to schools
1.2 Development of resource to support teachers in school and TAFE settings to provide evidence based information and strategies on tobacco cessation	MNCLHD HP		√	√			1.2.1 Manual developed, piloted and evaluated 1.2.2 Manual disseminated electronically and promoted
1.3 Develop dissemination strategy	MNCLHD HP			√	√	√	1.3.1 Manual disseminated and monitored

Priority Area 7: Systems and Resources

Actions	Responsibility	Timeframe- Year 1	2	3	4	5	Measurement
Governance 1.1 Establish Advisory Group for the implementation of this strategy	MNCLHD HP AH Partners	√					1.1.1 Advisory group with Terms of Reference and membership developed
Quitline Fax referrals 1.2 Raise awareness of Quitline fax referrals	MNCLHD HP Key Clinical Support staff	√ √	√ √	√ √	√ √	√ √	1.2.1 Global emails on the use of Quitline Fax referrals undertaken twice per year 1.2.2 Updated presentation for staff developed

							on the use of and rationale for Quitline fax referrals 1.2.3 Number of fax referrals from MNCLHD to Quitline 1.2.4 Identifying Aboriginal people utilising Quitline
NRT 1.3 Raise awareness of use of NRT for staff and clients	MNCLHD HP Key Clinical Support staff Strategy Working Group	√ √ √	√ √ √	√ √ √	√ √ √	√ √ √	1.3.1 Global emails on the use of NRT for staff and clients undertaken twice per year 1.3.2 Updated presentation developed for staff and their clients on the use of and rationale for NRT 1.3.3 A minimum of five staff presentations on the use of and rationale for NRT undertaken annually
Resources 1.4 Promote and disseminate range of available tobacco resources from MoH, , Cancer Council, Heart Foundation, Action on Smoking and Health, and other sources	MNCLHD HP	√	√	√	√	√	1.4.1 Resources distributed as available and as appropriate
1.5 Promote and disseminate updated *Give Smokes the Flick* Resource Kit to organisations and workers	MNCLHD HP	√	√	√	√	√	1.5.1Number of organisations (internal and external to LHD) receiving GSTF and workers trained on GSTF
1.6 Development of directory of cessation services and programs and upload on website			√ √	 √			1.6.1 Directory developed and disseminated electronically and link on webpage 1.6.2 Directory circulated to LHDs and partner organisations 1.6.3 Directory evaluated
North Coast Tobacco Listserve 1.7 Continue dissemination of best practice information 1.8 Conduct bi-yearly review and disseminate information	MNCLHD HP Listserve Members	√ √	√	√ √	√	√ √	1.7.1 Dissemination of best practice tobacco cessation information delivered at least monthly 1.8.1 Bi yearly reviews undertaken 1.8.2 Number of members (LHD and external

							organisations)
Smokerlyzers 1.9 Regular calibration 1.10 Collect data on smokerlyzer readings 1.11 Use data to inform program development	MNCLHD HP, LHD and other partner organisations	√ √ √	√ √ √	√ √ √	√ √ √	√ √ √	1.9.1 Calibration undertaken every 6 months 1.10.1 Data collected from all community/service providers when using Smokerlyzers 1.11.1 Data collected informs practice
Networks- Tobnet, State Cessation Listserve 1.12 Participation in statewide review of MNCLHD HP Networks 1.13 Current cessation information received and disseminated	MNCLHD HP Networks	√	√	√	√	√	1.12.1 Cessation information disseminated through local networks annually 1.12.2 Outcome of MNCLHD HP Network review advised to AMNCLHD HPP
Nicotine Replacement Therapy 1.13 Best practice information on NRT therapy use and availability on PBS disseminated	MNCLHD HP AH Networks	√	√	√	√	√	1.13.1 Current PBS and NRT information disseminated to LHDs and partner organisations
Referral pathways for cessation 1.14 Collaborate with clinical settings for further development of data collection on smoking status and referral options for nicotine dependent clients 1.15 Promote cessation options and referral pathways for smokers within and external to LHD's 1.16 Promote the collection of smoking status on all clients with all services/partners 1.17 Provide consistent support and advice to partner organisations/services on cessation initiatives once smoking	MNCLHD HP MNCLHD HP Clinical settings Clinical settings MNCLHD HP	 √ √ √	√ √ √ √	√ √ √ √	 √ √ √	 √ √ √	1.14.1 Investigate opportunities to collaborate with clinical settings and Information Management re data collection on smoking status and referral options 1.15.1 Support increased opportunities for data collection on smoking status and referral options 1.16.1 Create partnerships with clinical settings to promote the benefits of data collection and cessation options/updates 1.17.1 Continue to advocate for and assist with the development of mechanisms to ensure the smoking status of clients is collected with all

status is identified			√	√	√	√	partner organisations 1.17.2 Cessation support and advice provided to partner organisations through Listserve and annual workshops
Clinical Guideline for the Management of Nicotine Dependent Inpatients 1.18 Update Guideline on the Intranet	MNCLHD HP MNCLHD Nursing and Midwifery	√		√		√	1.18.1 Guideline reviewed, updated and on the Intranet

4. References:

Australian Bureau of Statistics. (2010). *4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010.* Available: http://www.abs.gov.au/ausstats/abs@.nsf/mf/4704.0 Oct 2010. Last accessed 10 July 2012.

Australian Bureau of Statistics. (2010). *4364.0 - National Health Survey: Summary of Results, 2007-2008 (Reissue).* Available: http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4364.0Main%20Features42007-2008%20(Reissue) Last accessed 10 July 2012.

Australia Bureau of Statistics. (2011). 3218.0 - Regional Population Growth, Australia. Available: http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3218.02011?OpenDocument. Last accessed 01 August 2012.

Centre for Epidemiology and Research. (2012). *Health Statistics New South Wales.* Sydney: NSW Ministry of Health. Available: http://www.healthstats.nsw.gov.au/ Last accessed 20 January 2012.

Australian Government (2011). *Closing the gap the Indigenous reform agenda.* Available: http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/closing-the-gap. Last accessed 1st July 2012.

Centre for Epidemiology and Research. (2010). *2006–2009 Report on Adult Aboriginal Health from the New South Wales Population Health Survey*. Sydney: NSW Department of Health.

Heart Foundation. (2011). *Smoke-free policy in outdoor areas: a 2011 survey of NSW councils*. Heart Foundation

Hughes, D. (2011). *The Rural Research Capacity Building Program 2009 Final report for research project: Give Smokes the Flick – A qualitative evaluation of two quit smoking resources for Aboriginal pregnant women.* CETI Rural Directorate. Available: http://www.ruralceti.health.nsw.gov.au/initiatives/building_rural_research_capacity/2007. Last accessed 11 July 2012.

Ivers, R. (2011) *Anti-tobacco programs for Aboriginal and Torres Strait Islander people.* Resource Sheet No.4 Closing the gap clearinghouse. Australian Government.

Lindorff, K. (2002). *TOBACCO Time for Action: National Aboriginal and Torres Strait Islanders Tobacco Control Project Final Report.* Available: http://www.naccho.org.au/Files/Documents/NACCHO_Tobacco_report.pdf Last accessed 10 July 2012.

North Coast Area Health Service, 2008. *North Coast Area Health Strategy Smoke Free Pregnancy Strategy 2008-2013.* North Coast Area Health Service.

NSW Ministry of Health. (2012). *NSW Tobacco Strategy 2012-2017.* Available: http://www.health.nsw.gov.au/pubs/2012/pdf/nsw_tobacco_strategy_2012.pdf Last accessed 9th July 2012.

North Coast Area Health Service. (2008). *North Coast Area Health Service Smoke Free Pregnancy Strategy 2008-2013*. Health Promotion Population Health, Planning and Performance, Lismore.

Power, J., Grealy, C. and Rintoul, D. (2009). Tobacco interventions for Indigenous Australians: a review of current evidence. *Health Promotion Journal of Australia.* 20 (3), pp186-194.

Regional Development Australia - Mid North Coast. (2012). *Key Regional Indicators May 2012: Population Health Statistics for the Mid North Coast Region.* Regional Development Association MNC.

APPENDIX A- Key findings from local face to face consultation with stakeholders and the community

1. Use local knowledge, contacts, and other government agencies (e.g. Police, Education) who are in direct contact with the target group to initiate discussions with local communities and stakeholders;
2. Consider collaborative funding submissions with key stakeholders;
3. Improve Quitline to ensure cultural sensitivity and appropriateness;
4. Use respected Indigenous ex-smokers in local smoking cessation programs and provide training to become cessation leaders/ mentors in the community;
5. Support and explore transferability of current local Aboriginal smoking cessation evidence based programs;
6. Incorporate smoking cessation in existing community programs and events such as NAIDOC;
7. Advocate for free or subsidised combination NRT;
8. Support school-based programs to target young people;
9. Expand hospital-based programs, policies, and procedures that encourage and support quitting to be more culturally-sensitive;
10. Include holistic and family-focused approaches towards quit smoking;
11. Include Aboriginal socio economic determinants of smoking and health in quit smoking programs.

A pilot focus group discussion was undertaken in an Aboriginal community in the NNSW LHD. Only a small group of community members attended the discussion, however their contributions are also valuable. The highlights of the discussions mirrored the findings from previous stakeholder consultations.

APPENDIX B: Survey main findings

Staff Survey

- Smoking was perceived to be an issue in the community and with clients but less of an issue amongst co- workers;
- Need for refresher training including motivational interviewing, stages of change, providing NRT advice and evidence based pharmacotherapy and Smokecheck
- Respondents were aware of support and programs available for staff who smoke, including NRT and referral to Quitline;
- Clients are supported to quit and smoking status is collected routinely;
- Referral to Quitline was the most common way of supporting clients who want to quit *(A report from Quitline did not support this; there may be a gap between referral and actual uptake of Quitline)*
- The preferred method to assist staff in providing information and services on smoking cessation is a Directory of services and programs
- The preferred smoking cessation programs include: 1) programs delivered by Aboriginal people and tailored to Aboriginal people; 2) an Aboriginal Quitline, 3) youth-focused programs, 4) multi-faceted programs focused on relationships and families.

External Organisations survey

- Smoking is perceived to be less of a problem amongst staff but significant in the community and amongst clients. There is greater confidence in the ability to address smoking among staff than in the level of confidence to address smoking in the community and among clients.
- Some of the external organisations have smoke free policies.
- Collection of smoking status is not common practice. However, supporting clients and staff to quit smoking is common. Common types of support include referral to Quitline and providing resources and counselling.
- Participation to attend training programs on smoking cessation is not always supported by external organisations.
- A Directory that includes cessation services, programs and referral options is the preferred information dissemination method
- Referral to Quitline and providing information and materials (resources such as DVDs, flyers, posters) are the most common method by which organisations support staff and clients.
- Preferred community smoking cessation programs are those that involve Aboriginal quitters as role models and programs that are culturally-sensitive

Main barriers to smoking cessation in Aboriginal communities (from both Health and external staff)

- Health-service related issues (lack of staff, staff do not deal with critical issues, lack of education of workers on smoking cessation)

- Culture/ normalisation of smoking
- Family/peer pressure/social group pressure
- Lifestyles
- Cost of NRT and not many products on PBS
- Lack of community support for quitters or would-be quitters
- Other issues of smokers (co-morbidities, other addiction, poverty, isolation, mental health, housing, unemployment, children, low self-esteem, other disadvantages, stress, anxiety, boredom, disengagement, depression)
- Other triggers to smoke (family, alcohol)
- Lack of information, education, awareness, understanding, knowledge, motivation
- Lack of promotion of resources
- Poor health literacy, low literacy
- Messages of posters inappropriate
- Education of the young
- Acceptance of poor health
- Access issues (phone, NRT, services, transport, easy access by kids to cigarettes)
- Negative role-modelling
- Need for culturally-appropriate interventions and information
- Lack of incentives/rewards/ alternatives for quitters
- Lack of relationship-building between clients and program providers
- Messages/ resources/programs need improvement—too much emphasis on health impact
- Other workers' smoking status
- Second hand smoking (e.g.people smoke around them)
- Quitline culturally-inappropriate and too costly from a mobile phone; not face to face

Main factors that need to be considered for programs to succeed (from both Health and external staff):

- Multi-faceted
- Mass education/awareness raising and promotion
- Literacy levels
- Financial
- Community engagement/acceptance/ involvement and ownership of programs
- Community-based and face to face
- Identify local champions and role modelling
- Evidence-based
- Availability and access of kids to cigarettes
- Provide NRT samples for try-outs and consider costs of NRT
- Training of AHWs and all staff working with Aboriginal people
- Support of AHWs who smoke
- Education of the young and getting input from the young
- Involve elders

- Access to and availability of programs and services; cost and transport to programs
- Incorporation of quit messages in community events and activities/ sports
- Influence of the environment
- Holistic approach to smoking cessation
- Consider other issues affecting the smoker (e.g. other addictions)
- Needs-based; consultation of the community; ask what the community wants
- Family-influence/ family based interventions
- Referral options
- Culturally appropriate
- Incentives for quitting
- Sustainable programs/on-going funding/ follow-through after program
- Resources
- Smoke free policies
- Programs that build motivation and self-esteem/ positive approach

APPENDIX C- Ethics Application, Survey forms, Approval forms, Site Specific Assessments, Focus Group questions, Aboriginal Health Impact Statement